



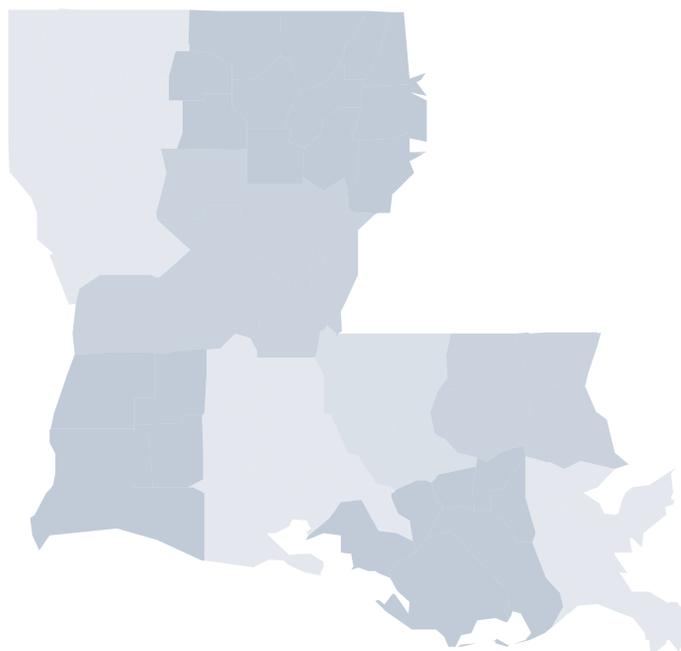
DEPARTMENT OF HEALTH
AND HOSPITALS

TRANSFORMING LOUISIANA'S LONG TERM CARE SUPPORTS AND SERVICES SYSTEM

.....

Accountability

Concept Brief



DECEMBER 12, 2013

Introduction

As stressed in the initial concept paper released this past August on the transformation of long term supports and services, the ongoing transformation of Louisiana's long-term supports and services system will continue to be an open and collaborative process. The involvement of stakeholders across the state is critical for the successful design and implementation of Managed Long Term Supports and Services (MLTSS) in Louisiana. The purpose of the Long Term Care Advisory Group is to provide an organized venue for feedback from stakeholders in Louisiana, including participants in the current Long Term Supports and Services (LTSS) system, LTSS providers, and community-based organizations involved the support of those using LTSS. Based on feedback received during the first meeting of the advisory group, future meetings of the advisory group will focus on soliciting purposeful feedback through the use of focused work group meetings.

DHH intends to develop and include strict accountability standards for our chosen Managed Care Organization (MCO) partners. In the development of the state's Medicaid managed care model, Bayou Health, DHH learned many lessons from other states, including the need for the ability to both financially sanction and award plans for their performance. Based on feedback from stakeholders, this also included the requirements for an 85 percent medical loss ratio (MLR), where at least 85 percent of the premiums paid to the plan are spent on qualifying health services. DHH believes MCO rate methodology should be designed to support the Department's goals, ensuring adequate compensation for all providers, improving access, incentivizing quality, rebalancing, and providing the state with increased budget predictability.

In the initial LTSS concept paper that was released in August, DHH emphasized the importance of seeking input on effective contractual and rate methodology strategies that promote high performance from our partners. This might include financial penalties and awards for performance, tying financial measures to outcomes, and other tools that ensure adequate accountability from the MCO.

Feedback to Louisiana's Approach

As DHH continues to research best practices and lessons learned from other states and works to build the framework for the transformation to MLTSS, feedback is actively being solicited on the following areas of accountability.

Accountability through System Design

Accountability is a function of overall system design, not just a matter of MCO contracting and performance. For instance, state decisions about how to maintain independent assessment and eligibility systems, visit verification systems, licensing, consumer surveys, ombudsman, and/or standardized critical incident reporting systems, all have implications for system accountability. State capacity to provide monitoring and oversight are also critical. It should be recognized that the state has partners in assuring accountability in the form of its required contract with an External Quality Review Organization (EQRO), and contracted actuarial services.

Accountability of Contracted MCOs

A review of seventeen contracts different states have with MCOs of MLTSS programs reveals that there are a wide variety of requirements throughout the nation. The contracts themselves many not present a full description of the accountability requirements of each state, including quality and other performance metrics. While the quality of care delivered is a critical measure, it is equally important for the state to include other contractual performance requirements like timely reporting of accurate and complete encounter data. This ensures that the state has a clear picture of the services that are delivered to plan members. Actual quality practices vary from state to state. State practice might vary from actual state quality practices. The attached resource titled "Trueven Environmental Scan" reviews these concepts more in depth by (a) providing an overview of MLTSS programs across the country and (b) providing examples of accountability practices in these programs, such as quality oversight and

reporting, provider and care coordinator monitoring and reporting, and IT requirements.

Louisiana’s Approach to Accountability: Workgroup Questions

1. Of the examples given from other states, what does the workgroup consider the most critical for inclusion in MCO contract



and DHH accountability and monitoring plans? Why? Are there any you find less critical? Why?

2. Are there other recommendations the workgroup would like to see included to ensure accountability?

Transforming Louisiana’s Long Term Care Supports and Services System

*For additional information, please visit
MakingMedicaidBetter.com/LongTermCare*

Louisiana Department of Health and Hospitals

628 North 4th Street, Baton Rouge, Louisiana 70802

(225) 342-9500